lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

## Reset Form

YES \_\_\_\_NO

Des Moines, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCTION DISCLOSURE	IS, SEE BACK OF FORM SUMMARY PAGE		CAMPAIGN DI	
COMMITTEE NAME (Must be NCCO huvy Gu	same as on Statement of Orga	exation)		2000 MAY 21	AM 10: 29
IMPORTANT: Indicate by # type ( (1)Statewide/Legislative/Judge S (4)County Central Committee (5)	of committee you are reporting for: tanding for Retention Candidate (2) County Candidate (6) City Candid y PAC (9) City PAC (10) School Box	)State PAC ( 3 )State Party	ical	DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
CANDIDATE COMMITTEES				Comm. #	mala
Candidate Name	JNLY:	Political Party (if applicable		Logged InS	
Office Sought		District (if Senate or House)		Computer	
IGNATURE OF PERSON FILE		712-223-142 TELEPHONE		May /2	3/08
AM FILING A MEY 1	9,2008	_ REPORT FOR (1) ELECTIO	N /(2)NON-	ELECTION YEAR	
	ort date)	Indicate by	/# <b>1</b>		
CHECK IF AMENDMENT TO	REPORT DATED				
Check if this is final (termination of the Cyou must continue to f	on) report and attach Notice of D lle reports until a DR-3 is filed.)	issolution Form DR-3.	County & L	mittees, enter Date o ocal Committees, en tion is held	
STATEMEN	NT OF CASH ON HAND				
ASH ON HAND at the beginning committee. This amoun	g of the reporting period. (Total of it MUST be the same as the cast od or must be zero if this is first r	of all funds held by the n on hand at the end report filed.)	¢	554	59 28
ADD TOTAL MONEY T	AKEN IN THIS PERIOD				51
Schedule A: Cash Cont	ributions total (Attach Schedule	A) (*also see in-kind below)		X 74	7 21
Outedule F. Loans Rec	eived total (Attach Schedule F)		••••••		
Schedule H: Total Sales	of Campaign Property (Attach S	Schedule H)	•••••		
(Schedule H ar	pplies to Candidates' Committe	es Only)			70
		SUB-TOTAL	_	14 201	. /9
SUBTRACT TOTAL MO	NEY SPENT THIS PERIOD	JOB-TOTAL	<b>\$</b>	11,306	2
Schedule B: Expenditure	es total (Attach Schedule B) (**ai	SO see debts and loans below		6407	, <u>41</u>
Schedule F: Loan Repay	ments total (Attach Schedule F)	so see debts and loans below).	•••••	6902	
SH ON HAND at the end of this	reporting period (if final report b	alance must be zero)	٠٠٠٠٠٠٠	ngay	32
NPAID BILLS (From Schedule	D - Attach Schedule D)		\$		
KIND CONTRIBUTIONS (From	n Schedule E - Attach Schedule	······	·····.\$		50
JTSTANDING LOANS (From S	Schedule F - Attach Schedule F).	=)	\$	104	
SULTANT BREAKDOWN (So	thedule G Attachedo		\$		
(SC	Allached?)			VEC NO	<del>_</del> _

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form	SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
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COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER ID#	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FO FUND- RAISEF INCOM
17/08	CK#	Precified Cash Contributions Nativet #7 Cours		\$15298	INCOINT
1/7/08	ID# CK#	Kay Beyerink 1519 W. 29MST.		2-00	
1/7/08	ID#	Unspecified Cosh Contributions		29	L
1/7/08	ID#	Precint #21 Causes Upspecified ash Contr. buttons		141	<u> </u>
	CK#	Treiner #22		15608	
17/08	CK#	Unspecified Cosh Contributions Precint #36		32°	
17/08	CK#	Virgine Huot 104 Bigolow Pt Salix IA 51052		Zue	
/7/08	ID# CK#	Kay Frances Scott PUBOX 37		1500	
17/01	ID#	Solix IA 51052 Unspecified Cosh Contributions		10°	
17/10	ID#	Caucus (Salix) UNSpecified Cash Contributing		10	
7/2		Cousers - an Expansional Unspecified Cosh Contributions		44	
/08	CK#	Precinct #24 Caucus		11700/	

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Page \_\_\_\_of\_\_\_15\_\_

# **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form	SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
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COMMITTEE NAME (Must be same as on Statement of Organization)

Committee NAME (Must be same as on Statement of Organization)

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1/7/08	CK#	Precinet #3 Caucus Unspecified Cosh Contributions		9400	
17/08	CK#	Inspecified Cash Contributions Precinet #34 Caucus Inspecified Cash Contributions		Xoc	
	CK#	Inspecial ed Cash Contributions Precinet #29 Couch		1140	
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7/20	. 14	regret HII Coucus		50° [	
			B-TOTAL &	6953 L	

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Page Z of 15 (for Schedule A)

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	ANGLINE	
(MM/DD/YR)	AND PAC CHECK NUMBER		TO CANDIDATE (if applicable)	* AMOUNT RECEIVED	√ IF F FUN RAIS
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/ /	ID#	Rita Vauvatta 3701 Word bine No		(,)	
	CK#	SinxCyly IA 51106 Coucus #20		7500	
	ID#	Pamela Berry 4121 Hickory Lone		2	
	CK#	Sions City LASTIOG COKOS # ZO		7500	
	ID#	Mary Fedderson 32085. Lakeparthre			
	CK#	Sound City IN 51145 Colucins #20		750	
	ID#	1 mg Mylet 1823 alol to 20		w	
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/0 0		20 0 000 CHY 143/106 Caucus 120		/5   l	
			UB-TOTAL	\$50750	
		TOTAL (if last page of t	L.	<b>~~</b> /	

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Page \_\_\_\_\_ of \_\_\_\_S

For Instructions,	See	Back	of	Form	
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# **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

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RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE	AMOUNT * RECEIVED	
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/ //08	CK#	S Of the Public las		\$, 100	
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	ID#	Soux (Hy TA 51111 Caucus #20)		10	
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	ID#	Swax Cty IA 51106 Caucus HZO		15	
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			B-TOTAL	\$231°C	
CIOSURA IONE FORESTO	es candidate committees to	TOTAL (if last page of the	nis schedule)		

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Page U of 15 (for Schedule A)

For Instructions,	See	Back	of	Form	
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CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	Reset Form SCI	HEDULE A	MONETARY
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COMMITTEE NAME (Must be same as on Statement of Organization)  Was how y County Do Muratic Control Committee		CHEC AMEN	K THIS BOX IF DING FORM
TATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE DAY (DOLLAR)			<del></del>

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT	√lFF
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711/18	CK#	Unspecified Cash Contribitions Precinct #23 Coucus Unspecified Cash Contributions Precinit Unspecified Coucus Parlo Vander Woil 23235 Glass ST		Or.	=
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<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

For Instructions,	See	Back	of	Form
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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form	SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

DISCLOSURE BOARD. NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING

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RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ iF
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		Max City 1451164 Clicus	0.70	2	
		TOTAL (if last page of th	B-TOTAL	90201	

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(Including candidate's personal funds)

Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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COMMITTEE NAME (Advisor )				
COMMITTEE NAME (Must be s	ame as on Statement o	f Qrganization)	h .	
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Wood bury County	1 120 MINGRATIC	CANTRA	MINIM TH	00
	- Widel 6	COVALOR	MINNER	UL

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RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
1/11/2	ID#	Garrett Lego #6			INCOME
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Vila	ID#	Erc Newhouse #6		00	† <del></del>
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3/17/0	ID#	Henry Edward 2562 Cossell			† <del></del>
/ /08	CK#	Souch Chy IA 51103 CTYCONUTO		150	
0	ID#	JIII FINKEN 1429 Fourview Block		jac	<del> </del>
	CK#	Sioux Cdy IA 51105 Cty Gauto		15	
	ID#	Perla Alarcon - Filray 3107 S. Olive Sweetry IA51106		, oc	
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	ID#	Keri-Beausis		150	
	CK#	Sion City IA 31104 Oxforth		15	
	ID#	Enc New house		,000	<b></b>
$\rightarrow$	CK#	108 24th St Apt Com Control		15	
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_/	CK#	Soux City IA 5108 Convin		15	
	ID#	Ven Sterner		JOC.	
	CK#	HORNICK GA 51026 CANTO		150	
\ 1	ID#	Katherine Towlers		. <u>.</u>	
l	CK#	Sunx CHY IN 5106 COUTH		15	
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		TOTAL (if last page of	this schedule)	. 100	

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Page \_\_\_\_\_\_of\_\_\_\_

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	BELATIONEL "B	T AMOUNT	r
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	TO WILL AND ADDINESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
3/1	ID#	Andrea Buckley of Oy		0, 100	INCOME
11/18	CK#	Swar City TA 51104 Conutro		1.15	
	ID#	LYN Doxtad OK		100	
	CK#	STORK CHY FIT SHOY CAN'TN		15	
	ID#	Anne Couley Ch		1,700	
	CK#	Similary IA 51104 CANY		15	
	ID# CK#	Brondy Rethit CXX		1100	
		Scourting IA STICK CONUTN		15	
	ID# CK#	Cathlyn' Lousmith Cty		100	
		Signa CHy IA CONTN		15	
	ID#	Claryce Evons Rive Cty		1/00	
	CK#	Scour City in 5104 Contr		15	L
	ID# CK#	Merit Wostrick Bird Cty		1700	
		Say CHY TA 51104 GAVID		15	L
	ID#	Kenneth Toda Dr. CA		200	
	CK#	Sat Bluff TH 51054 County		13.	
/	ID#	EVIC WOSTIGH IEW BIND CHY		1.00	
	CK#	Sway City FA 5104 GNIN		15-	
	ID#	Grapheterson CA		200	
	CK#	SMITH CONT FA 51056 GINVIN		5	
			SUB-TOTAL	\$ 150°C	
		TOTAL (if last page o	f this schedule)		

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Page of 5

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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•	. —	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
3/17/08	ID#	DIANNE MOTEER CY 314 MAINST Smithland FA51056 CONUTN		\$ 15°	
	ID# CK#	Jeverny DunkRIEGERCTY 24067 Spring Ave CONUTN		1500	
	ID# CK#	Patricia Gordon Z600 Si Steele Simulity IA 51106 CONVIN		1500	
	ID# CK#	MARGARET MURPHY Cry 10 Blackstone SIMX CITY FASION CONTR		1500	
	ID# CK#	COTHLYN CONSMITH CTY 810 3545t, Sigar CHYIA SHOY CONUTN		15 E	
	ID# CK#	Carla Warneke 1912 S. Newtoust CHY Sioux CHY IN S1106 CONUTN		1500	
	ID# CK#	Linda Kassis 520 Eden Are ScouxCoty IA 51105 (DNUIN)		15°C	
	ID# CK#	Eurise Jensen CH 121 Bar ward St 5102n IA 51055 CONUTN		15°C	
	ID# CK#	JOEN TOZIEN CTY 2513 S. Petterson Sign City IN 51106 CONUTN		1500	
	ID# CK#	Patricia Shechan CHY 4510 MUININGTHEARE SING CONTN		150	
			SUB-TOTAL	\$ 150°C	

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Page 9 of 5

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form

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A MONETARY
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DATE	PAC ID NUMBER				
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
3/17/08	ID# CK#	Angela Wittrock CHY Signality TASING CONUTN		\$ 15°C	
	ID# CK#	Caral Strait 2706 Jackson St CTY Simula CHY IA-Shoy CONTN		1500	
	ID# CK#	Crystal Kitto Cty 815 Jackson St Schuck City IA 51105 CONVIN		15 <sup>x</sup>	
	ID# CK# ID#	Mary Fronces Fedderson Cty 3228 S. Lakeport Siver City IA 51106 Courth		1500	
	CK#	Heather Bagley Cty 1409 35m 37. Sourchy IA SHOY CONVIN		15°E	
	ID# CK#	CORI BEVILLA CHY 103 ATNOWN LASION CONTO		15ª	
	ID# CK#	Stephen Ferr 4024 Sherwood Terr Sing City IA 51106 CONVIN		15ª	
	ID# CK#	R.C. Collenann Cry 1857 Glendele Sious Cry IA SIUS CONVIN		15°C	
	ID# CK#	Mamie Combs 2562 Cassel Place CHY Siving Chy IA SING CHIND		15°	
	ID# CK#	Mery Cin Hest CM Sion Cit IN 51103 CONTO		15°C	
		,	SUB-TOTAL	\$150°	

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Page C of 5

TOTAL (if last page of this schedule)

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form

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A MONETARY
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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE*  (if applicable)	RECEIVED	FUND- RAISER
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	ID#	STOWN CHY IA 51106 CONUTO		/3	
		Madorno Criffith OM		1,000	
6.	CK#	LEWIEN IA 51030 CONVIN		15	
)	ID#	Roland Foster Ctyl		.70	
/	CK#	1 SGZO Eastbrook CT. N.		15	
<b>-</b>	ID#	Sioux City FA SIIOG WOUTU		1.5	<b></b>
		Gerald Fish Cty		. 00	
/	CK#	3451 Idlewoodst CHY PHACHY JA 51104 CONTN		15	
	ID#				
	CK#	Loura Horms Cty		100	
		SURLCITY FASTION (QUITN)		15	` <b></b>
	ID#	Thomas Beauties CYV		مريان ا	
	CK#	al Cilmon levice a		15	
<b> </b>	ID#			/)	
/		18Mmy Mc Dovald CH		1,00	
	CK#	SGT Bluff IT SIOSY CONUTN		15	<b></b>
	ID#	FIMON Shed Chil		~5	
/	CK#	3011 130th St		K	
	ID#	Moville Int 51039 CONVIN		/~)	
(		Johnny Mash , Chi		J. 00	
	CK#	Siona City IA SING Convin		50	
	ID#				
/ /	CK#	Keven Lipinski CNY		200	
L	Olar	SIDULCITY THE SHOS CONUTN		3	L
			SUB-TOTAL	180°	·

TOTAL (if last page of this schedule)

Page \_\_\_\_\_\_of \_\_\_\_\_

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form

SCHEDULE

A MONETARY
(Rev. 07/03) RECEIPTS

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	551 15131 151		
RECEIVED	(if applicable)	TANNE AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR
(MM/DD/YR)	AND PAC CHECK		(if applicable)	RECEIVED	FUND- RAISER
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		Siour City IA 51106 (DNVIN)		30	L
1 (	ID#	Mary Pickens		-	
	CK#	2701 Cosselmon		1500	
		SIOUR CITY IN 5/103 CANTO)		13	L
	ID#	C: 111 / C			
\ 	CK#	Jue Mullin Lilla Gity		100	
	CK#	SIDELL CHY FA STIOY CONTROL		1/5	
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		Cutisba Jones _ BXV		200_	
/	CK#	2200 Court St #305		15	
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			SUB-TOTAL	\$2104°	
		TOTAL (if last name of	f this sobsets!	\$-101	
		TOTAL (if last page of	uns scheaule)		

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Page 77 of 5

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form SCHEDULE

A MONETARY
(Rev. 07/03) RECEIPTS

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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
2/	NUMBER		(if applicable)		RAISER INCOME
77Wat	CK#	Chaspecition Cash Obwhibitions		\$ 12-65	
10908		Claspecition Cash Contributions Central Comm		128-	
	ID#	Berbora Rouse 212 Or Howard		-do	
	CK#	212 Droffwood		10	L
	ID#	Connie Berrett		00	<u> </u>
(	CK#	SOURCHY IN STUB		10	
3/27/	ID#	Jan Hamm - Chi			
1 108	CK#	SOUR CHY IN STOUL (ONUT)		1500	
	ID#	CLANGE FRANCE STA		40	
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	CK#	5309 Hay 75N DIST		20	
	ID#	John Houn 5th		- 60	
	CK#	Signa City It show Couth		20	
3/1	ID#	Mi Julie Homm . 2512		7, Œ	
127/08	CK#	Sioux City +17 51104 Conold		10	
4/7/	ID#	Mary Cain STA		- m	
1 1/68	CK#	Sion City IA STIUS COUTN		100	
<del></del>			SUB-TOTAL	31765	
		TOTAL (if last page of	this schedule)	\$28365	

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Page 13 of 15 (for Schedule A)

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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A MONETARY
(Rev. 07/03) RECEIPTS

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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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RECEIVED (MADDYR) AND PROCHECK (MADDYR) AND	DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	/ <b>DE</b> / Election is		, , , , , , , , , , , , , , , , , , , ,
MANDER AND PACCHECK  WHORE CK#  ID#  ID#  CK#  ID#  ID#  ID#  ID#  ID#  ID#  ID#  I		(if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR
4/108 CK# SID# SING STONE STONE SIDE SIDE SIDE SIDE SIDE SIDE SIDE SID	(MM/DD/YR)					RAISER
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			1 2 1000 CV1 7 1/1 3 110 1	SUB-TOTAL	7100	

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Page // of // Schedule A)

TOTAL (if last page of this schedule)

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 07/03)

MONETARY RECEIPTS

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Cook a wa	ing country	18 Mar 18 11 - (1) Color On Harme

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
423/06	ID# CK#	Gregory Holfman Dist Scoux City FA 51104 CONUTN		\$ 20°	
	ID# CK#	Rich Mullin 3715 Cheyenne Blad Dist Sound City In Snay CONUTN		2000	
5	ID# CK#	Disame Meteor Str. 3/4 W. Main Usl Convin		2000	
423/00	ID# CK#	Ruger Wendt 5th Jeneczway VIST Sinas City IASTIGG CONVIN		2000	
5/6/08	CK#	GZO BUCKURITOR VIST GZO BUCKURITOR VIST TOUR CAY I I STIOY CONUTO		7085	
7	ID# CK#	Shirley Fineren 5M 3021 Mc Coldid Ost Slout City IA Sluy CorVIN		2085	
	ID# CK#	Donne Welsh 2003 Washerry CT. Visi Convin		2085	
79/05	ID# CK#	Unspecified Cash Contributions - Central Comm		160 75	
5/9/08	ID# CK#	Levestadt Committee. #02-94 HO Constative		100000	
	ID# CK#				
	<del></del>		SUB-TOTAL	12,030	

TOTAL (if last page of this schedule)

page of this schedule)

Page 15 of 15 (for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
. —	CK THIS BOX IF

I I I I	ENAME QUUST DE :	same as on Statement of Organization)	Committee	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
<u> </u>	NUMBER			
1/10/18	ID# CK#	Staples Sioux Chy IA	Office Supplies Treis Printer Controdge & Repor	\$ 12127
1/ .	ID#	Teresa WOIA	Reinhuise went.	15
10/08	CK#	Scour CHy IA	Causeus padiets Adliny	75003
1/ 1	ID#	SC Convention Cutr	3rd Payment	1-00
115/18	CK#	Since City IA	Gov's Inaugnollurch	12800
Y15/18	ID#	United Fire & Gualty	Insurance Policy	00
11/1/8	CK#		1 01.7	23000
1/1	ID#	Tevesa Wolff	Copy Exp County	4
1/15/08	CK#	Swax CHY IA	Convin Prep. Copies	764
2/1	ID#	Women Aware	Recognition Ad	, dO
2/14/08	CK#	Sivily CHY JA	Betty Strong	5000
7/1	ID#	homen Aware	Recognition Ad	00
114/08	CK#	Sway City Ist	Virginia Hood	50 00
7/,	ID#	Terese Wolff	Reimbrusement	OC
719/08	CK#	Sions Cory IA	Space Rental Storage	1000
		1	SUB-TOTAL	\$ 696
			TOTAL (if last name of this schodule)	-

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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#### **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY " EXPENDITURES
CHE	CK THIS BOX IF

**AMENDING FORM** 

COMMITTEE NAME (Must be same as on Statement of Organization) Sommittee Duw mocratic CANDIDATE NAME AND ADDRESS TO WHOM **PURPOSE AMOUNT** DATE ID NUMBER **EXPENDITURE** (DESCRIBE TRANSACTION) EXPENDED **EXPENDED** (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# CK# ID# CK# ID# n Weld CK# Conuta ID# Cash box CK# ID# CK# ID# ducus CK# ID# CK# ID# CK# Marille IA SUB-TOTAL \$ TOTAL (if last page of this schedule)

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page 2 of 5

Reset Form

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAG CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE

(Rev. 07/03)

**MONETARY EXPENDITURES** 

**CHECK THIS BOX IF** AMENDING FORM

Wad	hury Count	y lemocatic (entre)	Committee		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPO (DESCRIBE TRA	OSE ANSACTION)	AMOUNT EXPENDED
	NUMBER				
3/2/08	ID# CK#	Kenin Beautais	Reimburser	+ Opprest	\$ 3748
700		Sionx CHy IA	Stong Pura	AIR	* 5/
3/26/08	ID# CK#	Record Printing	Printing.	- County	21026
1 29/08	CIN	Sivax CHY IA	Convertin	- ExtreBoli	410
3/1	ID#	Keren Haulicela	Reimb- P		
3/3/18	CK#	Moulle IA	PostCours &	152655	7002
3/1	ID#	LBE LIC	Storage R	Portal	, 00
3/31/08	CK#	Smux Coh, IA			10000
3/1	ID#	Mail House	Mailing 9	erche &	0-36
3/31/08	CK#	Swax Coly IA	Mailing 9 expense @	whole Comm	8536
4/2-1	ID#	ActBlue	Process Fer		09
423/08	CK#	Or Line Service	1,000) 20		<u>.99</u>
4/1	ID#	Sonford Community CIR	mty Space	-Combal	00
12/18	CK#	Smacity IA	Committee		120-
	ID#	Fed Ex Kinkos	Copy Exp -C	entra/ann	-9
	CK#	Sioux CHy FA	& Dist. Con		36 59
	-			SUB-TOTAL	\$ 61070
			TOTAL (if last page	of this schedule)	\$

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page

Reset Form

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAG CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE R

(Rev. 07/03)

MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

COMMITTE	E NAME (Must be .	same as on Statement of Prganizațion)		
Utal	bury Count	y lamocratic Central	Committee!	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/23/08	ID# CK#	Keur Boducois Smax City Ist	Reinburgment - Copy Exp Tress Report & Budget Reports	\$ 33 95
1/2 4/08	ID# CK#	Tressever 5 moist Central Committee Atlantic IA	5th District Conventini Delegates Fee 29 pages	580 °C
4/24/08	ID# CK#	CBR iic Sivux City IA	Rent Storage Space May 08	1000
42408	ID# CK#	US Post Office SweekCity JA	Portage Secrotory	2600
5/4/08	ID# CK#	Act BULE On-Line	Service Charge Delegate Fee Pymt	.82
11	ID# CK#	Act Blue On-line	Service Charge Delegato Fee Rint	.82
11	ID# CK#	Act Blue Ow-line	Service Charge Delegate Payment Pymt	.82
5/6/08	ID# CK#	J.V. Squared LLC Swar Gay IA	Rent Payment HO 506 Neb. 5/15/08	45000
		· · · · · · · · · · · · · · · · · · ·	SUB-TOTAL	\$ 119741-

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

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Page \_\_\_\_\_\_ of \_\_\_\_\_\_

TOTAL (if last page of this schedule)

Reset Form

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAG CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

**B** (Rev. 07/03)

MONETARY EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)					
	buy Cores	Ay Vemocratic Central	Committee		
DATE EXPENDED (MM/DD/YR)	CÂNDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED	
5/4/08	ID# CK#	J. V. Squared CLC Scoux City IA	Deposit 506 Neb.	\$ 450°	
5/6/08	ID# CK#	J.V. Squared LLC Sroux Coty IA	Utility Deposit 506 Neb HQ	300	
5/7/8	ID# CK#	Steples Scoux City IA	Office Supplies	4278	
5/1/8	ID# CK#	US Post Office Swax City	Postage Cevitul	16400	
5/4/08	ID# CK#	Keein Beducis	Reinbsement Copy Treas Report Contallina	3516	
5/9/08	ID# CK#	Kerin Blauwis Sanx City IA	Reimburgent-Cty Auditor fee Vot Reg list	500	
5/12/08	ID# CK#	US Postoffa è Moville FA	Postage - Secretary	13940	
5/14/08	ID# CK#	Pronce Bonk Sounce the FA	Bed Checks & Sorchie Charges E.C. Wilmann	55 5E	
			SUB-TOTAL  TOTAL (if last page of this schedule)	\$ 119184	

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Page 5 of 5

COMMITTE	E NAME (Must be same as on Statement of Organiz	(Rev. 06/97)	IN KIND CONTRIBUTIONS			
[ Wood!	bury County Democratic Ce	CHECK AMEND	THIS BOX IF ING FORM			
DATE						
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION	
4/7/08	Dioux City IA		Postage Central Comm	\$ 9840		
5/13/08	Doyed Somey Signs City IA		Keys Copies	610		
COMMINGE. New	requires candidates to disclose the relationship of an ationship must be shown to the third degree of consai	nouinity (blood relativ	ae) and affinity (ralatives		of or Schedule E)	
by marriage). (S	milial relationship, enter "not applicable" in the relationship column.					

SCHEDULE